

MEDICINE BOARD[653]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby proposes to amend Chapter 9, “Permanent Physician Licensure,” Iowa Administrative Code.

The purpose of Chapter 9 is to establish provisions for permanent physician licensure. The proposed amendments update language throughout the chapter, apply the existing mandatory CME requirements for licensure reinstatement, and streamline the application process.

The Board approved this Notice of Intended Action during a regularly scheduled meeting on March 1, 2012.

Any interested person may present written comments on the proposed amendments not later than 4:30 p.m. on May 8, 2012. Such written materials should be sent to Mark Bowden, Executive Director, Board of Medicine, 400 S.W. Eighth Street, Suite C, Des Moines, Iowa 50309-4686; or sent by E-mail to mark.bowden@iowa.gov.

There will be a public hearing on May 8, 2012, at 2 p.m. in the Board office, at which time persons may present their views either orally or in writing. The Board office is located at 400 S.W. Eighth Street, Suite C, Des Moines, Iowa.

After analysis and review of this rule making, no adverse impact on jobs has been found.

These amendments are intended to implement Iowa Code chapter 272C.

The following amendments are proposed.

ITEM 1. Adopt the following **new** definitions of “Training for chronic pain management,” “Training for end-of-life care” and “Uniform application for physician state licensure” in rule **653—9.1(147,148)**:

“Training for chronic pain management” means required training on chronic pain management identified in 653—Chapter 11.

“Training for end-of-life care” means required training on end-of-life care identified in 653—Chapter 11.

“Uniform application for physician state licensure” means a Web-based application that is intended to standardize and simplify the licensure application process for state medical licensure. The Federation of State Medical Boards created and maintains the application. This application is used for all license types issued by the Iowa board of medicine.

ITEM 2. Amend rule **653—9.1(147,148)**, definitions of “Category 1 activity,” “Committee” and “Mandatory training for identifying and reporting abuse,” as follows:

“Category 1 ~~activity~~ credit” means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. ~~Activities~~ Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed ~~credit~~ credits by the American Academy of Family Physicians are accepted as equivalent to category 1 ~~activities~~ credits.

“Committee” means the licensure ~~and examination~~ committee of the board.

~~“Mandatory training~~ *Training for identifying and reporting abuse*” means training on identifying and reporting child abuse or dependent adult abuse required of physicians who regularly provide primary health care to children or adults, respectively. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69; the full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

ITEM 3. Amend subparagraph **9.2(2)“a”(1)** as follows:

(1) A medical student or osteopathic medical student in an international medical school may not take on the role of a medical student in the patient care setting unless ~~enrolling the student is enrolled~~ in the University of Iowa’s Carver College of Medicine or in Des Moines University’s College of Osteopathic Medicine; however, an international medical student not enrolled at either of these institutions may be an observer as defined in rule ~~653—~~9.1(147,148).

ITEM 4. Amend paragraph **9.3(1)“c”** as follows:

c. Have successfully completed one year of resident training in a hospital-affiliated program approved by the board at the time the applicant was enrolled in the program. ~~Beginning July 1, 2006,~~ ~~an~~ An applicant who is a graduate of an international medical school shall have successfully completed 24 months of such training.

(1) For those required to have 12 months of training, the program shall have been 12 months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board. ~~Beginning July 1, 2006, for~~ For those required to have 24 months of training, the program shall have been 24 continuous months of progressive training in not more than two specialties and in not more than two programs approved for resident training by the board.

(2) to (4) No change.

ITEM 5. Amend paragraph **9.4(2)“b”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for permanent licensure and fingerprinting was done prior to the issuance of that license.~~

ITEM 6. Amend paragraphs **9.4(3)“a,” “h” and “k”** as follows:

a. ~~Name~~ Full legal name, date and place of birth, home address, mailing address and principal business address.

h. An official transcript, or its equivalent, received directly from the school for every medical school attended if requested by the board. A complete translation of any transcript not written in English shall be submitted if requested by the board. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

k. Verification of an applicant’s hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

ITEM 7. Amend paragraph **9.5(2)“b”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for permanent licensure and fingerprinting was done prior to the issuance of that license.~~

ITEM 8. Amend paragraphs **9.5(3)“a,” “h” and “k”** as follows:

a. ~~Name~~ Full legal name, date and place of birth, home address, mailing address and principal business address.

h. An official transcript, or its equivalent, received directly from the school for every medical school attended if requested by the board. A complete translation of any transcript not written in English

shall be submitted if requested by the board. An official FCVS Physician Information Profile that supplies this information for the applicant is a suitable alternative.

k. Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

ITEM 9. Amend paragraphs **9.6(2)“b”** and **“h”** as follows:

b. Complete and submit forms provided by the board, including required credentials, documents, a completed fingerprint packet, and a sworn statement by the applicant attesting to the truth of all information provided by the applicant. ~~A completed fingerprint packet is not required if the applicant has held active physician licensure in Iowa within 12 months of applying for permanent licensure and fingerprinting was done prior to the issuance of that license.~~

h. Have been engaged in continuous, active practice within the five years immediately preceding the date of submitting an application for licensure. Continuous, active practice includes private practice, employment in a hospital or clinical setting, employment by any governmental entity in community or public health, or practice of administrative, academic or research medicine. Continuous, active practice does not include residency, fellowship or postgraduate training of any kind.

ITEM 10. Amend paragraphs **9.6(3)“a”** and **“e”** as follows:

a. ~~Name~~ Full legal name, date and place of birth, home address, mailing address and principal business address.

e. Verification of an applicant's hospital and clinical staff privileges and other professional experience for the past five years if requested by the board.

ITEM 11. Amend subparagraph **9.7(1)“e”(6)** as follows:

(6) Successful completion of a progressive three-year resident training program is required if the applicant passes the examination after more than six attempts on Step 1 or six attempts on Step 2 CK and Step 2 CS combined or three attempts on Step 3.

ITEM 12. Amend subrule **9.8(2)**, introductory paragraph, as follows:

9.8(2) After reviewing each application, staff shall notify the applicant about how to resolve any problems. An applicant shall provide additional information when requested by staff or the board. Staff shall refer an expedited endorsement applicant to the process for licensure by endorsement or to the committee if:

ITEM 13. Amend paragraph **9.8(7)“c”** as follows:

c. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; ~~or~~
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or
- (4) Successfully complete a reentry to practice program or monitoring program approved by the board.

ITEM 14. Amend paragraph **9.8(8)“c”** as follows:

c. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

- (1) Successfully pass a competency evaluation approved by the board;
- (2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; ~~or~~
- (3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or
- (4) Successfully complete a reentry to practice program or monitoring program approved by the board.

ITEM 15. Amend subrule 9.9(1) as follows:

9.9(1) Failure to submit application materials. If the applicant does not submit all materials, including a completed fingerprint packet, within 90 days of the ~~board office's last documented~~ board's initial request for further information, the application shall be considered inactive. The board office shall notify the applicant of this change in status.

ITEM 16. Amend paragraph **9.9(2)“c”** as follows:

c. Once the reactivation period expires, an applicant must reapply and submit a new nonrefundable application fee and a new application, documents and credentials. ~~Beginning July 1, 2006, an applicant who holds a valid ECFMG certificate and who reapplies shall submit evidence of having successfully completed two years of postgraduate training as specified in paragraph 9.3(1)“d.”~~

ITEM 17. Adopt the following new paragraph **9.11(1)“d”**:

d. When a physician with a special license receives a permanent Iowa license, the special license shall immediately become inactive.

ITEM 18. Amend subrule **9.13(3)**, introductory paragraph, as follows:

9.13(3) Renewal application requirements. A licensee seeking renewal shall submit a completed renewal application, ~~including~~ information on continuing education, training on chronic pain management, training on end-of-life care, and mandatory training on identifying and reporting abuse; and the required fee, ~~not later than prior to~~ the expiration date on the current license.

ITEM 19. Amend subrule 9.13(5) as follows:

9.13(5) Renewal penalties. If the licensee fails to submit the renewal application and renewal fee by prior to the expiration date on the current license, the licensee shall be charged a penalty fee of \$50 for each month the renewal is in arrears, up to two months, or \$100. ~~For example, if the license expires on January 1, a penalty of \$50 will be charged for renewal in January and an additional \$50 or a total of \$100 shall be charged for renewal in February. as set forth in 653—paragraph 8.4(1)“d.”~~

ITEM 20. Amend subrule **9.13(6)**, introductory paragraph, as follows:

9.13(6) Failure to renew. Failure of the licensee to renew a license within two months following its expiration date shall cause the license to become inactive and invalid. A licensee whose license is invalid is prohibited from practice until the license is reinstated in accordance with rule ~~9.13(147,148)~~ 653—9.15(147,148).

ITEM 21. Amend subrule 9.15(1) as follows:

9.15(1) Reinstatement within one year of the license's becoming inactive. An individual whose license is in inactive status for up to one year and who wishes to reinstate the license shall submit a completed renewal application; documentation of continuing education; training on chronic pain management, training on end-of-life care, and mandatory training on identifying and reporting abuse; ~~the renewal fee, and the reinstatement penalty fee.~~ All of the information shall be received in the board office within one year of the license's becoming inactive for the applicant to reinstate under this subrule. For example, a physician whose license became inactive on March 1 has until the last day of the following February to renew under this subrule.

a. No change.

b. Continuing education and mandatory training requirements. The requirements for continuing education, training on chronic pain management, training on end-of-life care, and mandatory training on identifying and reporting abuse are found in 653—Chapter 11. Applicants for reinstatement shall provide documentation of having completed:

(1) The number of hours of category 1 activity credit needed for renewal in the most recent license period. None of the ~~hours~~ credits obtained in the inactive period may be carried over to a future license period; and

(2) Mandatory training on Training on chronic pain management, end-of-life care, and identifying and reporting abuse, if applicable, within the previous five years.

c. No change.

d. Reinstatement application process. The applicant who fails to submit all reinstatement information required within 365 days of the license's becoming inactive shall be required to meet the reinstatement requirements of ~~9.13(2)~~ 9.15(2). For example, if a physician's license expires on January 1, the completed reinstatement application is due in the board office by December 31, in order to meet the requirements of this subrule.

ITEM 22. Amend paragraph **9.15(2)“a”** as follows:

a. Submit an application for reinstatement to the board upon forms provided by the board. The application shall require the following information:

(1) ~~Name~~ Full legal name, date and place of birth, license number, home address, mailing address and principal business address;

(2) and (3) No change.

(4) Verification of the applicant's hospital and clinical staff privileges, and other professional experience for the past five years if requested by the board;

(5) to (9) No change.

ITEM 23. Amend paragraphs **9.15(2)“c”** and **“d”** as follows:

c. Provide documentation of completion of 80 hours of category 1 ~~continuing education activity~~ credit within the previous two years and documentation of training on chronic pain management, end-of-life care, and mandatory training on identifying and reporting abuse as specified in 653—Chapter 11.

d. If the physician has not engaged in active practice in the past three years in any jurisdiction of the United States or Canada, require an applicant to:

(1) Successfully pass a competency evaluation approved by the board;

(2) Successfully pass SPEX, COMVEX-USA, or another examination approved by the board; ~~or~~

(3) Successfully complete a retraining program arranged by the physician and approved in advance by the board; or

(4) Successfully complete a reentry to practice program or monitoring program approved by the board.